PTO/SB/17 (10-07)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H R 4818)			Complete if Known				
			Application Number	Application Number 10/815,149			
FEE TRANSMITTAL			Filing Date	March 30	March 30, 2004		
For FY 2008			First Named Inventor	Frans Vandenbroek			
			Examiner Name	McEvoy, Thomas M.			
Applicant claims small entity status See 37 CFR 1 27			Art Unit	3731	3731		
TOTAL AMOUNT OF PAYMENT (\$)			Attorney Docket No.	A <b>-</b> 2810-A	A-2810-AL		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number 01-2215  Deposit Account Name: Applied Medical Resources							
For the above-identified deposit account the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee							
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under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
		EES SEA <u>nall Entity</u>	RCH FEES EXA Small Entity	MINATION <u>Small</u>	Entity		
Application Type		Fee (\$) Fee	\$) <u>Fee (\$) Fe</u>	<u> (\$)</u> <u>Fee</u>	(\$) <u>F</u>	ees Paid (\$)	
Utility	310	155 510			5		
Design	210	105 100	50 13	0 6	5		
Plant	210	105 310	155 16	50 8	0		
Reissue	310	155 510	255 62	20 31	0		
Provisional	210	105 0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues) 210 105							
Multiple dependent claims						85	
<u>Total Claims</u> 23 14 - 20 or ∺R-≖	Extra Claim 0		ee Paid (\$) (}		ultiple Depende ee (\$)	nt Claims ee Paid (\$)	
HP = highest number of tota		_ <b>x</b> <u>50</u> = if greater than 20	<u> </u>		- <del>ee (</del> \$) <u>r</u>	ee raiu (ş)	
<u>Indep. Claims</u> з	Extra Claim	<u>s Fee (\$) Fe</u>	ee Paid (\$)				
13 or HP== HP = highest number of inde		x210 = paid for if greater than 3					
HP = highest number of independent claims paid for lif greater than 3 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round <b>up</b> to a whole number) x =							
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e g , late filing surcharge):							
Onto to B, the mind defending of							
SUBMITTED BY  Registration No. 50.000 Telephone 040.743.0000							
Signature	(Attorney/Agent) 53,008		Telephone 949-713-8283				
Name (Print/Type) John F. H			Date Septembe	er 11, 2008			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden is should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, VA 22313-1450.